

the attending physician, the hospital and the patient must be notified promptly of this finding. The carrier will cease paying the hospital for service furnished on behalf of the patient beyond the fourth day after the hospital receives notice of such finding.

This legal requirement would appear to be "claims review," rather than an educational activity. Fortunately, the law itself and the implementing regulations are quite flexible. For example, it would be perfectly legal for a medical consultant employed by the carrier to review extended duration cases, referring those which seem questionable to the utilization committee of the hospital or to a committee of the county medical society, for final determination as to "medical necessity." Such an approach would relieve the staff committee of much tedious and time-consuming chart review.

Great flexibility is also permitted and encouraged in other facets of utilization review. For example, medical records committees could do much of the chart review as they now do in many hospitals. Data gathering and sorting operations utilizing electronic processing techniques may be used by utilization committees as a basis for their studies, thus eliminating almost entirely the study of individual records. Eventually, nearly all hospitals will probably use such electronic data processing methods to analyze their patient care and utilization experience.

The activity of a utilization review committee should not be confused with county medical society mediation committee functions. A mediation committee deals with individual cases in which questions are raised or complaints made about charges, coverage and treatment. The mediation committee will continue to handle such cases. A utilization committee recommendation might be considered by a mediation committee in a particular, disputed case. The utilization review committee will primarily concern itself with trends and not with dollars and cents. In the long run, these committees will complement each other.

By studying utilization data, staff committees

could perform an interesting and valuable function—helpful to the medical staff, to the hospital, and most importantly, to the patient, about whose optimal medical care the entire health care team must be vitally concerned.

In performing utilization review studies, the staff committee accepts no greater legal responsibility than do the committees concerned with records, tissues or credentials. Under California law, such committees, acting in good faith, and "without malice, prejudice or caprice," are legally exempt from civil liability. Regardless of the fact that it is required by law, utilization review should be a responsibility of each medical staff, and it should be carried out in a manner which reflects the continuing concern of physicians for the public health and welfare.

A New Feature

ELSEWHERE IN THIS ISSUE [page 124] we publish discussions of two cases selected from the weekly Medical Staff Conferences held at the University of California Medical Center, San Francisco. We plan to present interesting cases from these conferences in succeeding issues.

For some time, *California Medicine* has been looking for a regular monthly supply of well turned out clinical conferences to meet a recommendation by the Committee on *California Medicine* that material of this kind be added to the continuing medical education function of your journal.

Under the general supervision of Dr. Lloyd H. Smith, Jr., Professor of Medicine and chairman of the Department of Medicine, the reports are being prepared from transcripts by two assistant professors in the department, Dr. Martin J. Cline and Dr. Hibbard E. Williams.

We are pleased to offer this new feature and we welcome readers' comments.